# DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

## **Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

#### **Facility Information**

Facility Name: COUNTRY HOUSE (0009298)

Address: 229 VAN DYKE STREET, OCONTO, WI 54153

**License Status: REGULAR** 

Licensed/Certified/Registered 04/01/2002

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096091 End Date: 12/13/2005 Type: ABBREVIATED Purpose: SURVEY/SELF REPORT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092199 End Date: 03/16/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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**Complaint History** 

Date Complaint Received: 11/25/2003 Date Investigation Completed: 03/16/2004

Subject Area(s) Result SOD #

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